

New Holstein Recreation

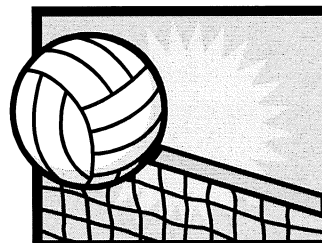
Girls 5th—6th Grade Volleyball

This introductory program is for girls currently in grades 5 & 6, interested in learning and perfecting the fundamentals of volleyball. Basic beginner skills will be taught. Games will be played against teams in our surrounding area. Games are usually played on Mondays starting between the hours of 5–6PM. Practices will be determined by volunteer coaches availability and gym space and will run late August through October.

FEE: Resident \$25.00
Non-resident \$30.00

*****Please fill out concussion form on reverse side before turning in.**

Return form and make check payable to City of New Holstein,
2110 Washington St, New Holstein, WI 53061
Now accepting credit cards (must come to City Hall, additional fees apply)



Registration Deadline: August 17, 2016

(No team placement guaranteed after this date) (NO refunds given after first practice)

\$10 Late fee assessed after this date

Questions please contact Kim Olson at 920-795-4104

PLEASE PRINT

Players Name: _____

FIRST

LAST

Current Grade: _____ (Girls entering grades 5-6)

Address: _____ City: _____ Zip: _____

Home Phone #: _____

Parent Name: _____ Cell #1: _____

Email: _____

Parent Name _____ Cell #2: _____

Email: _____

Coaches Needed!

Training for coaches will be provided. A background check is required and the application form is available at City Hall.

Yes, I would like to help coach. Name _____ Phone # _____

Waiver of Liability & Insurance Information

Family Physician _____

List any special medical conditions/allergies that the coaches should be aware of:

List the names and phone numbers of persons who can be contacted during a game or practice in the event of an injury requiring emergency medical treatment:

Name _____	Name _____
Phone # _____	Phone # _____

I hereby certify that my child is in good physical health and may participate in all recreational activities. I will not hold the City of New Holstein or Recreational Department Staff and volunteers responsible in the event of an accident/injury as a result of my child's participation in this recreational program. I also give permission for my child to be given emergency treatment at a local hospital.

Parent or Guardian Signature

Name of Parent or Guardian (Please print)

Waiver of Liability and Release of Claims

I/We will not hold the City of New Holstein or Recreational Department Staff and Volunteers responsible for their negligence in the event of an accident/injury as a result of my child's participation in this recreational program. I/We release and discharge all claims that may arise to us as parents or guardians and to our child.

I hereby waive the right I have to bargain for different waiver of liability forms.

Parent/Guardian Signature _____

Date _____

Name of Parent or Guardian (Please Print) _____

Insurance Information

Medical Insurance Carrier: _____

Family Physician: _____

Phone: _____

Family Dentist: _____

Phone: _____

List any special medical conditions/allergies that the coaches should be aware of:

☐ No Allergies

List: _____

List the names and phone numbers of persons who can be contacted during a game or practice in the event of an injury requiring emergency medical treatment (if parents can't be reached):

Name: _____

Phone: _____

Name: _____

Phone: _____

I hereby certify that my child is in good physical health and may participate in all recreational activities. I also give permission for my child to be given emergency

Dated _____

Parent or Guardian Signature _____

Name of Parent or Guardian (Please Print) _____

City of New Holstein Parent & Athlete Concussion Agreement

As a Parent and as an Athlete it is important to recognize the signs, symptoms, and behaviors of concussions. By signing this form you are stating that you understand the importance of recognizing and responding to the signs, symptoms, and behaviors of a concussion or head injury.

PARENT AGREEMENT:

I _____ have read the Parent Concussion and (please print)

Head Injury Information at http://sped.dpi.wi.gov/sped_tbi-conc-guidelines and understand what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors. I agree that my child must be removed from practice/play if a concussion is suspected. I understand that it is my responsibility to seek medical treatment if a suspected concussion is reported to me. I understand that my child cannot return to practice/play until providing written clearance from an appropriate health care provider to his/her coach. I understand the possible consequences of my child returning to practice/play too soon.

Parent/Guardian Signature _____

Date _____

ATHLETE AGREEMENT:

I _____ have read the Athlete Concussion and (please print)

Head Injury Information at http://sped.dpi.wi.gov/sped_tbi-conc-guidelines and understand what a concussion is and how it may be caused. I understand the importance of reporting a suspected concussion to my coaches and my parents/guardian. I understand that I must be removed from practice/play if a concussion is suspected. I understand that I must provide written clearance from an appropriate health care provider to my coach before returning to practice/play. I understand the possible consequence of returning to practice/play too soon and that my brain needs time to heal.

Have you ever had a concussion? ☐ Yes ☐ No If yes, how many? _____

Have you ever experienced concussion symptoms? ☐ Yes ☐ No Did you report them? _____

Athlete Signature _____

**** CHILD MUST SIGN ****

Date _____